



**2015 HASC
Charity Golf Classic**
Monday, October 5th
Oakmont Country Club
Benefiting National Health Foundation

MEMBER GOLF REGISTRATION

Coordinator Contact Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

GOLFER INFORMATION (PLEASE CHECK ONE—FEE PER PLAYER: MEMBERS - \$425; ASSOCIATE MEMBERS - \$600)

	Name	Title	*E-mail Address	SCGA Index
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____

Total: \$ _____ fee x _____ players = \$ _____

* Email required for confirmation.

PAIRING REQUEST:

I would like to be paired with _____. Please understand pairings cannot be guaranteed. The Tournament Planning Committee will make the final pairings and confirm with all players the week prior to the event.

Rate Per Player: Members—\$425 per player; Associate Members—\$600. No refunds. Rate includes green and cart fees, breakfast snack, lunch, reception, scoring and prizes. Please submit a check payable to HASC or pay by credit card. Payment in full required by September 1, 2015.

Cancellation. No refunds. Substitutions are accepted at any time.

Enclosed is check # _____ Amount \$ _____

To pay by credit card, please visit: www.hasc.org/special-event/2015-HASC-Charity-Golf-Classic and click "Register Now for Oct. 5!"

MAIL OR FAX THIS FORM TO:

HASC Charity Golf Classic, Attn: Leticia Salcido
515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300, Fax (213) 538-0987
Questions? Call (213) 538-0700

Register online at www.hasc.org/special-event/2015-hasc-charity-golf-classic
Fee is due and payable with registration to guarantee a place in the tournament.
We expect to sell out again this year, so please register early.